2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05760

FILED Apr 21, 2011 Secretary of State

Entity Name: THE FLORIDA ASSOCIATION FOR DEAF-BLIND AND MULTI-HANDICAPPED, INC.

Current Principal Place of Business: New Principal Place of Business:

7576 SAN JOSE BLVD JACKSONVILLE, FL 32217

Current Mailing Address: New Mailing Address:

7576 SAN JOSE BLVD JACKSONVILLE, FL 32217

FEI Number: 59-2486542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA, LILLIAN 7576 SAN JOSE BLVD JACKSONVILLE, FL 32217 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 STONE, RICHARD

 Address:
 3500 UNIV. BLVD. N #1401

 City-St-Zip:
 JACKSONVILLE, FL 32277

Title:

 Name:
 GARCIA, LILLIAN

 Address:
 568 ROCKINGHAM RD.

 City-St-Zip:
 ORANGE PARK, FL 32073

Title:

Name: COLLINS, DONNA Address: 736 TAMERLANE ST. City-St-Zip: DELTONA, FL 32725

Title: TD

Name: WILSON, EVELINE
Address: P.O. BOX 54
City-St-Zip: WELAKA, FL 32193

Title:

Name: STONE, TERESA

Address: 3500 UNIV. BLVD., N #1401 City-St-Zip: JACKSONVILLE, FL 32277

Title: SE

Name: LUNDY, DEBORAH
Address: 1182 SURREY GLENN RD
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LILLIAN GARCIA EXDI 04/21/2011